

## IVD. State Performance Measures

### **State Performance Measure 01: The percent of pregnancies (live births, fetal deaths, abortions) that are unintended.**

#### **Last Year's Accomplishments:**

The WithinReach: Essential Resource for Family Health, Family Health Hotline (formerly Healthy Mothers, Healthy Babies (HMHB)) received about 575 calls from people requesting family planning information including information about birth control, referrals to a provider (usually, family planning clinic or Take Charge provider), or assistance enrolling in Take Charge. WithinReach also operates a "Take Charge" toll free line, funded by DSHS, that receives 500-600 callers per month, about 80 percent of these are related to family planning. (Fig 4b, SPM1, Act 1)

Maternity Support Services (MSS) providers were offered updates on family planning information. (Fig. 4b, SPM 1, Act. 2, 3)

The Maternal and Infant Health (MIH) section shared reports about progress on family planning performance measure with First Steps agencies. (Fig. 4b, SPM 1, Act. 4)

MIH exhibited at four major medical professional meetings. Exhibits included information about emergency contraception and the Take Charge Program. (Fig. 4b, SPM1, Act. 6, 3)

PRAMS data on unintended pregnancy were shared with First Steps providers, incorporated into the Perinatal Indicators Report, and shared with the Perinatal Advisory Committee. (Fig. 4b, SPM 1, Act. 5)

The Office of Maternal and Child Health's (OMCH) CHILD Profile program included a message about birth spacing and family planning in the 30-day postpartum letter. A message about birth spacing was placed in the 3-month letter. Both letters targeted women who have delivered a baby during the specified time period and reside in Washington State and were sent to approximately 80,000 women. As of September 30, 2005, more than 156,500 health promotion materials were sent to parents throughout the state. (Fig. 4b, SPM 1, Act. 7)

**Figure 4b. State Performance Measures for the Annual Report Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase referrals to family planning services and use of birth control.		x		
2. Provide Family Planning update training to MSS agencies				x
3. Promote Medicaid Take Charge Program to increase family planning services for men and women.		x		

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
4. Share progress of family planning performance measure utilization data with MSS providers.				x
5. Collect and reference PRAMS data to measure unintended pregnancy rates, trends, and disparities between groups.				x
6. Include emergency contraception information in medical meeting displays to increase provider awareness and promote pre-exposure dissemination.			x	
7. Provide messages about birth spacing and family planning in the CHILD Profile parent education letter.			x	
8. Begin development of preconception health materials that includes birth control messages. Disseminate birth control brochures to providers.				x
9. Collaborate with Department of Corrections and DOH Family Planning Program to increase reproductive health education materials and service linkages for female inmates in preparation for their release.				x

### **Current Activities:**

The WithinReach Family Health Hotline continues to provide family planning information and referral assistance. The "Take Charge" toll free line, funded by DSHS, continues to provide family planning referral assistance. (Fig 4b, SPM1, Act 1, 3)

MIH is revising the "Family Planning Update" training and exploring different means for delivering the training such as the Internet. For this reason, no "Family Planning Update" training is currently underway. (Fig 4b, SPM1, Act 2)

OMCH shares reports showing progress on the family planning performance measure with First Steps providers. (Fig. 4b, SPM 1, Act. 4)

PRAMS data on unintended pregnancy were incorporated into the Perinatal Indicators Report and shared with the Perinatal Advisory Committee, First Steps agencies, and local health jurisdictions (LHJs). (Fig. 4b, SPM 1, Act. 5)

MIH includes information about emergency contraception and the Take Charge Program in its medical meeting displays to increase provider awareness. (Fig. 4b, SPM1, Act. 6, 3)

OMCH's CHILD Profile Program includes a message about birth spacing and family planning in the 30-day postpartum letter. A message about birth spacing is placed in the 3-month letter. Both letters target women who have delivered a baby during the specified time period and reside in Washington State and are sent to approximately 80,000 women. (Fig. 4b, SPM 1, Act. 7)

OMCH is beginning groundwork to assess which preconception health materials related to family planning and birth spacing may be most useful for professionals and women of childbearing age. Activities include a student survey at one university in Washington that focuses on knowledge, attitudes, and use of emergency contraception by college-age men and women. OMCH is working with the DOH Family Planning Program to revise the current birth control brochure. OMCH is also developing a new preconception brochure that will include messages about birth control. (Fig 4b, SPM 1, Act 8)

OMCH is exploring collaboration with the Department of Corrections on reproductive health education for female inmates in preparation for their release. (Fig 4b, SPM1, Act 9)

**Plan for the Coming Year:**

OMCH intends to continue work related to this performance measure through the year 2010.

The WithinReach Family Health toll-free line will continue to provide family planning information and referral assistance. The "Take Charge" toll free line, funded by DSHS, will continue to provide family planning referral assistance. (Fig 4b, SPM1, Act 1, 3)

Family Planning Update training will continue to be updated and different media will be explored; e.g., Web-based training. For this reason, no Family Planning Update training is scheduled for the coming year. (Fig 4b, SPM1, Act 2)

Reports will be shared with First Steps providers showing family planning performance measure progress by agency. (Fig. 4b, SPM 1, Act. 4)

PRAMS data on unintended pregnancy will continue to be incorporated into the Perinatal Indicators report and shared with the Perinatal Advisory Committee, First Steps agencies, and LHJs. (Fig. 4b, SPM 1, Act. 5)

MIH will continue to include emergency contraception information in its exhibits at medical meetings to increase provider awareness and promote pre-exposure dissemination. Providers will also continue to receive information about the Take Charge Program. (Fig. 4b, SPM1, Act. 6, 3)

OMCH's CHILD Profile Program will continue to include a message about birth spacing and family planning in the 30-day postpartum letter. A message about birth spacing will be placed in the 3-month letter. The letters will be sent to women who have delivered a baby during the specified time period and reside in Washington State. (Fig. 4b, SPM 1, Act. 7)

OMCH will disseminate the new birth control and preconception brochures. (Fig 4b, SPM1, Act 8)

OMCH will develop and implement collaborative activities with the Department of Corrections related to reproductive health education for female inmates in preparation for their release. (Fig 4b, SPM1, Act 9)

MCH Assessment is exploring options for more accurately measuring unintended pregnancy.

## **State Performance Measure 2: Increase the percent of pregnant women abstaining from smoking.**

### **Last Year's Accomplishments:**

Providers were informed about the Medicaid benefit that aims to increase the number of medical providers who do interventions for tobacco cessation through articles in professional newsletters, medical meeting exhibits, and professional Web sites. Through data provided by the Department of Social and Health Services (DSHS) Health and Recovery Services Administration (HRSA), MIH tracked billing to evaluate how many providers billed for the intervention. (Fig. 4b, SPM 2, Act. 2, 4)

CHILD Profile sent information on smoking cessation including the number for the Washington State Tobacco Quit Line to parents of children 0 - 6 years of age. CHILD Profile included smoking cessation messages in the SIDS brochure sent at birth and the 1-month postpartum, 3-month, and 4.5-year letters. (Fig. 4b, SPM 2, Act. 5)

MIH and DSHS HRSA worked on the MSS smoking cessation performance measure in order to integrate it into a standardized charting system for documentation. Provider training about the charting system continued. (Fig. 4b, SPM 2, Act. 1)

MIH, DSHS HRSA, and the Department of Health (DOH) Tobacco Prevention and Control Program (TPCP) continued the tobacco Champion Project for ten more First Steps agencies, which included additional motivational interviewing and systems change training, follow-up site visits, and technical assistance. Training and follow-up were complete by June 30, 2005. (Fig. 4b, SPM 2, Act. 8)

Operators of the WithinReach Family Health Hotline (formerly HMHB) asked callers if anyone in the home smokes and offered referrals to the Quit Line. From October 2004 through September 2005, 448 callers were referred to the Quit Line. Quit Line pamphlets were included in 3,875 prenatal packets and 1,378 child health packets. (Fig. 4b, SPM 2, Act 9)

Local health jurisdictions (LHJs) promoted the no-tobacco message to everyone in their communities. OMCH supported activities such as: smoking cessation classes; a local mobilization board summit on maternal smoking; and assessment activities such as reviewing birth certificates for maternal smoking status and tracking smoking rates and low birth weight. (Fig. 4b, SPM 2, Act 10)

MIH worked with TPCP to implement and market the FAX Back Referral program to First Steps agencies and providers. MIH worked with the March of Dimes (MOD) and TPCP on several

events to inform medical providers about the fax referral program and the Medicaid benefit. In addition, MIH, DSHS HRSA, and TPCP provided training on the FAX Back Referral program to First Steps Champion agencies. (Fig. 4b, SPM 2, Act. 7)

Eighty-five First Steps providers attended tobacco cessation trainings to build skills for working with pregnant clients. (Fig 4b, SPM 2, Act 3)

PRAMS data were collected to measure smoking rates; quit rates; relapse rates; third trimester smoking trends; and disparities between groups. (Fig. 4b, SPM 2, Act. 3, 6)

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Ensure compliance with the MSS Smoking Cessation Performance Measure by integrating its use into a standardized charting system for documentation.				x
2. Work with DSHS HRSA to promote use of the Smoking Cessation benefit for pregnant women including dissemination of the Provider Reference Card.				x
3. Provide tobacco cessation intervention training to First Steps providers.				x
4. Share tobacco data with MSS and perinatal providers.				x
5. Provide information about, and resources, for smoking cessation to parents of children 0 – 6 years via the CHILD Profile Health Promotion Materials.			x	
6. Collect and reference PRAMS data to measure smoking rates before, during and after pregnancy, quit rates, relapse rates, third trimester smoking trends, and disparities between groups.				x
7. Work with TPCP to implement and market the FAX Back Referral program through the statewide Tobacco Quit Line.				x
8. Implement Tobacco Champion Project with First Steps agencies to improve intervention skills and success rate for tobacco cessation.				x
9. WithinReach Family Health hotline operators refer callers with tobacco in their home to Quit Line and sends tobacco cessation materials to callers as appropriate.				x
10. Help build coalitions of local partners				x

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
and support community efforts to decrease tobacco use during pregnancy.				

### **Current Activities:**

MIH continues to inform providers of the Medicaid benefit through articles in professional newsletters, medical meeting exhibits, and professional Web sites. Through reports provided by DSHS HRSA, MIH is tracking billing data to evaluate how many providers are billing for the intervention. (Fig. 4b, SPM 2, Act. 2, 4)

CHILD Profile is sending smoking cessation information to parents in the SIDS brochure that is sent at birth and in the 1-month, 3-month, and 4.5-year letters. CHILD Profile also provides the Washington State Tobacco Quit Line number as a smoking cessation resource for parents of children 0-6 years of age. (Fig. 4b, SPM 2, Act. 5)

The MSS smoking cessation performance measure is being integrated into a standardized charting system for documentation. Provider training about the documentation integration continues. (Fig. 4b, SPM 2, Act. 1)

MIH is working with the TPCP to implement and market the FAX Back Referral program to First Steps agencies and medical providers in the spring of 2006. (Fig. 4b, SPM 2, Act. 7)

First Steps agencies are receiving enhanced technical assistance (including the Tobacco Champion Project for up to 35 First Steps agencies) in order to strengthen working relationships with county tobacco prevention and control contractors; increase utilization of the state Quit Line; increase knowledge and skills in client-centered tobacco cessation messages for pregnant women; and develop new policies that reinforce the value of tobacco cessation and protection against secondhand smoke for both staff and clients. Included with this project is an evaluation plan. Consultation continues for all First Steps agencies who participated in the Tobacco Champion Pilot and Project. (Fig. 4b, SPM 2, Act. 8)

PRAMS data are being collected and referenced to measure smoking rates; quit rates; relapse rates; third trimester smoking trends; and disparities between groups. (Fig. 4b, SPM 2, Act. 3, 6)

The WithinReach Family Health Hotline operators continue to ask callers if anyone in the home smokes, and if so, offer referrals to the Quit Line. WithinReach continues to include Quit Line materials in prenatal packets and child health packets. (Fig. 4b, SPM 2, Act 9)

Some LHJs are using MCH Block Grant funds for smoking cessation activities that target pregnant women. (Fig 4b, SPM 2, Act. 10)

### **Plan for the Coming Year:**

OMCH plans to continue work related to this performance measure through the year 2010.

MIH will continue to inform providers of the Medicaid benefit through articles in professional newsletters, medical meeting exhibits, and professional Web sites. Through reports provided by DSHS HRSA, MIH will track benefit billing data to evaluate how many providers are billing for the intervention. (Fig. 4b, SPM 2, Act. 2, 4)

First Steps agencies will receive enhanced technical assistance (including the Tobacco Champion Project). Included with this project is an evaluation plan. Consultation will continue for all First Steps agencies that participated in the Tobacco Champion Pilot and Project. (Fig. 4b, SPM 2, Act. 8).

CHILD Profile will continue sending information on smoking cessation and the Washington State Tobacco Quit Line to parents of children ages birth - 6 years in their SIDS brochure sent at birth and the 1-month, 3-month, and the 4.5 year letters. (Fig. 4b, SPM 2, Act. 5)

MIH will market and track use of the FAX Back Referral program to First Steps agencies and medical providers. (Fig. 4b, SPM 2, Act. 7)

The MSS smoking cessation performance measure will continue to be documented in a standardized charting system. Provider training for documentation integration will continue. (Fig. 4b, SPM 2, Act. 1)

PRAMS data will be collected to measure smoking rates; quit rates; relapse rates; third trimester smoking trends; and disparities between groups. (Fig. 4b, SPM 2, Act. 3, 6)

MSS and prenatal providers will continue to receive information about the availability and use of the FAX Back Referral program. (Fig. 4b, SPM 2, Act. 7)

Tobacco Cessation training will continue for First Steps providers. (Fig. 4b, SPM 2, Act. 3, 8)

Data about smoking during pregnancy and efforts to reduce smoking during pregnancy will be compiled to assure quality improvement can be measured over time and shared with providers. (Fig 4b, SPM 2, Act 3, 4)

Operators of the WithinReach Family Health Hotline will continue to ask callers if anyone in the home smokes, and if so, offer referrals to the Quit Line. WithinReach will continue to include Quit Line materials in prenatal packets and child health packets. (Fig. 4b, SPM 2, Act 9)

Some LHJs will continue to use MCH Block Grant funds for smoking cessation activities that target pregnant and parenting women (Fig 4b, SPM 2, Act. 10)

**State Performance Measure 03: Percent of women screened during prenatal care visits for smoking, alcohol use, illegal drug use, HIV status, postpartum birth control plans, domestic violence (DV) and receive counseling on tests for birth defects or genetic diseases.**

**Last Year's Accomplishments:**

MIH worked with DSHS HRSA and provider groups to increase use of the Medicaid Smoking Cessation benefit. (Fig 4b, SPM 2, Act 2 )

Prenatal care providers complied with First Steps performance measures by interviewing clients about family planning and smoking. (Fig 4b, SPM 3, Act. 4)

MIH worked with providers to improve skills for identifying and referring pregnant women who use tobacco, drugs, or alcohol or experience domestic violence (DV). Providers received best practice booklets on DV, tobacco cessation, and substance use. (Fig 4b, SPM 3, Act. 1, 2, 5).

MIH worked with DOH TPCP to implement the Fax Back Referral program. (Fig 4b, SPM 2, Act. 7)

MIH revised and disseminated the best practice booklet on HIV and pregnant women. Providers were informed about changes in the Washington Administrative Code for prenatal HIV testing. (Fig 4b, SPM 3, Act. 1, 5)

The Perinatal Partnership Against Domestic Violence (PPADV) reorganized to be the external workgroup to the DOH Family Violence Prevention Workgroup (FVPWG) on domestic violence and sexual assault issues. Its new name is the Community Partnership Against Sexual and Domestic Violence (CPASDV). (Fig 4b, SPM 3, Act. 3)

MIH revised and piloted the PPAADV curriculum to include sexual assault issues. It targets all health professionals to promote universal screening of all women. (Fig 4b, SPM 3, Act. 5)

MIH promoted the Perinatal Domestic Violence Identification Services Guide for culturally relevant client care. (Fig 4b, SPM 3, Act. 1)

Using PRAMS data, MIH published and disseminated a DV and Pregnancy Fact Sheet to encourage providers to screen and refer clients. (Fig 4b, SPM 3, Act. 1, 5)

MIH and the Injury and Violence Prevention Program provided technical assistance to providers to establish and improve protocols, tools, and intervention strategies for women experiencing violence.

Local health jurisdictions (LHJs) used block grant funds to support efforts to encourage pregnant women to stop smoking, decrease the risk of domestic violence, and promote healthy and safe pregnancies. For example, one LHJ encouraged pregnant women to stop smoking by giving all pregnant women diaper bags with a "tobacco free" logo. The bags contained a baby onsie and bib with a "Smoke-free Zone" logo, information about quitting smoking, and recommendations for smoke-free air for kids. (Fig. 4b, SPM 3, Act. 1, 3)

According to data from the Washington State Genetics Minimum Data Sets, approximately 6,500 families received prenatal diagnosis genetic counseling through the Regional Genetic clinic

system in calendar year 2005. These data are comparable to data from the previous year. (Fig 4b, SPM 3, Act. 7)

PRAMS data for 2003 show that 82 percent of women were counseled about birth defects or genetic disorders. This rate is lower than in past years. These data help identify effectiveness of outreach education for health care professionals. (Fig 4b, SPM 3 Act. 8)

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase prenatal screening and referrals by providers of pregnant women through dissemination of education materials.				x
2. Increase prenatal screening and referrals by providers of pregnant women through training and skill building.				x
3. Increase prenatal screening and referrals by providers of pregnant women through work conducted in internal and external partnerships.				x
4. Increase prenatal screening and referrals by providers of pregnant women through program requirements and provider incentives.				x
5. Ensure that education resources and best practice materials are current and evidence-based when possible.				x
6. Send genetic brochure through WithinReach with prenatal mailings.		x		
7. Collect and analyze data from the Regional Genetics Clinics minimum dataset				x
8. Collect and reference PRAMS data to measure percent of women offered genetic testing.				x

#### **Current Activities:**

MIH works with DSHS HRSA and provider groups to increase use of the Medicaid Smoking Cessation benefit. (Fig 4b, SPM2, Act. 2)

Prenatal care providers comply with First Steps performance measures by interviewing clients about family planning and smoking. (Fig 4b, SPM3, Act. 4)

MIH works with providers to improve skills for identifying and referring pregnant women who use tobacco, drugs, or alcohol or who experience DV. Activities include distribution of best practice booklets on DV, tobacco cessation, and substance use and providing materials at professional conferences. (Fig 4b, SPM3, Act. 1,2, 5)

MIH disseminates information about the Fax Back Referral program. All smokers are now eligible for this program. (Fig. 4b, SPM2, Act. 7)

MIH informs medical care providers about HIV testing during pregnancy, including use of the rapid test in labor and delivery, and disseminates the 2005 best practice booklet. (Fig. 4b, SPM3, Act. 1, 5)

MIH participates on the DOH Family Violence Prevention Workgroup and the Community Partnership Against Sexual and Domestic Violence. (Fig 4b, SPM3, Act. 3)

CPASDV and DOH are working together to plan training for providers using the revised PPADV curriculum. Training will depend on the availability of funding. (Fig. 4, SPM3, Act. 2, 3)

MIH promotes the Perinatal Domestic Violence Identification Services Guide for culturally relevant client care. (Fig 4b, SPM3, Act. 1)

MIH is revising and will distribute the "Washington State Domestic Violence and Pregnancy Facts" sheet to reflect 2003-04 PRAMS data. (Fig. 4, SPM 3, Act.1, 5)

MIH and Injury and Violence Prevention Program continue to promote universal DV screening through activities such as developing the template for the Violence Against Women toolkit. (Fig. 4, SPM3, Act. 1, 2, 3)

LHJs use MCH funds to: increase the percent of pregnant women screened for domestic violence; provide parenting classes; provide drug, alcohol, and domestic violence education; and support their data systems. (Fig 4b, SPM3, Act. 1, 3)

OMCH supports the Regional Genetics Clinics, the compilation of data from the Washington Minimum Genetic Data Set, and the monitoring of PRAMS data related to genetic services. (Fig 4b, SPM3, Act. 9)

Brochures about genetic screening are included in the WithinReach (formerly HMHB) educational packets that are distributed to women who contact the Family Health Hotline. (Fig. 4b, SPM3, Act. 6)

OMCH is planning a day-long meeting for genetic counselors to be held in 2006 that will include presentations about the genetics of Fragile X syndrome as well as a peer review session, during which counselors will present interesting and challenging cases to their peers as a learning opportunity. (Fig. 4b, SPM3, Act. 2)

**Plan for the Coming Year:**

MIH will continue work with DSHS HRSA and provider groups to increase use of the Medicaid Smoking Cessation benefit. (Fig 4b, SPM2, Act. 2)

Prenatal care providers will need to comply with First Steps requirements by screening clients for use of drugs, alcohol, tobacco, family planning methods, and risk for DV. (Fig 4b, SPM3, Act. 4)

MIH will continue to work with providers to improve skills for identifying and referring pregnant women who use tobacco, drugs, or alcohol and who experience DV. Activities will include the distribution of safety cards and best practice booklets on DV, tobacco cessation, and substance use as well as other materials at professional conferences. (Fig 4b, SPM3, Act. 1, 2, 5)

MIH will market and track use of the FAX Back Referral program to First Steps agencies and medical providers. (Fig. 4b, SPM 2, Act. 7)

MIH will continue to inform medical care providers about HIV testing during pregnancy and disseminate the best practice booklet. (Fig. 4b, SPM3, Act. 1, 5)

MIH will continue to participate on the DOH Family Violence Prevention Workgroup and CPASDV. (Fig 4b, SPM3, Act. 3)

CPASDV and DOH will train providers to use the expanded PPADV curriculum. Training is dependent on the availability of funds. (Fig. 4, SPM3, Act. 2, 3)

MIH will increase efforts to promote the Perinatal Domestic Violence Identification Services Guide for culturally relevant client care. (Fig 4b, SPM3, Act. 1).

MIH will distribute the updated "Washington State Domestic Violence and Pregnancy Facts" sheet. (Fig. 4, SPM3, Act. 1)

Depending on the availability of funding, MIH and the Office of EMS and Trauma (Injury and Violence Prevention Program) will continue to promote universal DV screening through activities such as building and marketing the Violence Against Women toolkit. (Fig. 4, SPM3, Act. 1, 2, 3)

Local health is likely to continue to use MCH funds to: increase the percent of pregnant women who are screened for domestic violence; provide parenting classes; provide drug, alcohol, and domestic violence education; and maintain their data systems. (Fig 4b, SPM3, Act. 1, 3)

The Genetic Services Section will continue to support services through the Regional Genetics Clinics, compile data from the Washington Minimum Genetic Data Set and PRAMS to monitor prenatal diagnosis educational trends, and continue to support WithinReach for distributing educational brochures through their mailings. (Fig. 4b, SPM 3, Act. 6, 7, 8)

## **State Performance Measure 04: Percent of children and youth who have people they can turn to for help when they feel sad or hopeless**

### **Last Year's Accomplishments**

Even though this is a new measure, OMCH partners and stakeholders have been addressing it in a variety of ways. In three LHJs there were activities related to improving mental health. One LHJ participated in a local child psychiatric coalition to develop a stronger mental health system

for children in the county. Another LHJ made sure that trained personnel were available in schools to provide guidance and classes on mental health and to be mentors to students to help them make positive choices. A large Eastern Washington LHJ provided important information for the needs assessment survey of the entire state regarding the role of public health agencies in children's mental health services.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Disseminate social, emotional, and mental health information to parents through CHILD Profile mailings.			X	
2. Evaluate Bright Futures Mental Health materials for foster parents training.				X
3. Update the Children's Mental Health needs assessment.				X
4. Organize and inform DOH participation in Mental Health Transformation (MHT) efforts with public and private partners.				X
5. Align mental health components of multiple statewide planning efforts, including MHT, ECCS, adolescent health, and coordinated school health.				X
6. Coordinate and inform OMCH mental health planning and program activities.				X
7. Provide training to First Steps providers on screening for maternal mood disorders among the low-income pregnant population.				X

### Current Activities

The OMCH Mental Health workgroup coordinates and informs activities across OMCH. (Fig. 4b, SPM 04, Act. 6)

The Public Health Prevention Specialist (PHPS) from CDC completed the children's mental health needs assessment titled Children's Mental Health in Washington State: A Public Health Perspective Needs Assessment. He presented the results of the needs assessment at MCH regional team meetings, the Washington State Joint Conference on Health, and the American Public Health Association Conference. The report is available on the DOH Web site.

OMCH received a State Agency Partnerships for Child and Adolescent Mental Health Grant from the Maternal and Child Health Bureau. A curriculum was developed to train foster parents to use Bright Futures Mental Health materials. Ten trainings will be held in 2006. An evaluation is being developed by OMCH Assessment. (Fig. 4b, SPM 04, Act. 2)

Washington State received a State Incentive Grant for Mental Health Transformation (MHT) in the fall of 2005. DOH is represented on the working group that guides MHT implementation.

OMCH continues to fund a Child Development Specialist (CDS) to focus on child, youth and family mental health. The CDS organizes and informs DOH participation in MHT. The CDS also coordinates OMCH mental health activities with related planning efforts, including the Early Childhood Comprehensive Systems grant, the Adolescent Health Plan, and the Coordinated School Health grant. (Fig. 4b, SPM 04, Act. 5)

CHILD Profile continues to seek input from professional and parent groups about which social and emotional development issues and preventive measures to include in CHILD Profile Health Promotion mailings. CHILD Profile and the Talaris Research Institute continue to partner to distribute "Spotlight" child development educational materials to parents of children 0 -- 6 years. CHILD Profile and Project Lift-Off partner to distribute the "Getting School Ready" booklet to parents of children aged 4 years. (Fig. 4b, SPM 04, Act. 1)

The Children with Special Health Care Needs (CSHCN) section supported the development of the "Child and Adolescent Depression and Anxiety Toolkit" and "Starting Point Resource Guide" by the Center for Children with Special Needs (available online at [www.cshcn.org](http://www.cshcn.org)). The CSHCN program supports the Washington State Father's Network (WSFN) to provide emotional support, information, and resources to fathers of children with special needs, and promote awareness of fathers' issues at state and local levels. The CSHCN program also supports Washington State Parent to Parent to provide culturally competent emotional and informational support to parents of children with special health care needs.

The First Steps program in the Maternal Infant Health section works with the University of Washington to develop a training curriculum for First Steps providers on screening for maternal depression and pilot the training. (Fig. 4b, SPM 04, Act. 7)

### **Plan for Coming Year**

OMCH will continue to fund a Child Development Specialist (CDS) to focus on child, youth, and family mental health.

The internal OMCH Mental Health workgroup will continue to meet to coordinate, identify, and plan activities across OMCH. The OMCH mental health work plan will be revised based on current mental health related activities and opportunities for coordination and collaboration with other state agencies and organizations. (Fig. 4b, SPM 4, Act. 6)

CHILD Profile will continue to seek input from professional and parent groups about which social and emotional development issues and preventive measures should be incorporated in the CHILD Profile Health Promotion mailings. CHILD Profile and the Talaris Research Institute will continue to expand their partnership to distribute the "Spotlight" child development educational materials to parents of children 0 -- 6 years in Washington State. CHILD Profile and Project Lift-Off plan to continue their partnership to distribute the "Getting School Ready" booklet to parents of 4-year old children. (Fig. 4b, SPM 4, Act. 1)

In the second year of the State Agency Partnerships for Child and Adolescent Mental Health grant, the Children's Mental Health Needs Assessment will be updated, a strategic plan for

OMCH mental health activities will be developed, and behavior change evaluation of the Bright Futures Mental Health for Foster Parents (one year after the training) will be completed. (Fig. 4b, SPM 04, Act. 2, 3, 6)

The CSHCN program will take a lead role in assisting the Washington State Autism Task Force in developing recommendations to address a range of issues, including mental health, for individuals with autism spectrum disorders across the lifespan. The CSHCN program will continue to support the Washington State Father's Network (WSFN) to provide positive emotional support and state-of-the-art information and resources to fathers of children with special needs, and promote awareness of fathers' issues at the state and local levels through WSFN. The CSHCN program will also support Washington State Parent to Parent to provide culturally competent emotional and informational support to parents of children with special health care needs.

The First Steps program will, with the assistance of the University of Washington, evaluate the effectiveness of the pilot sites for training in screening for maternal depression, refine the curriculum and expand the training to all First Steps providers. (Fig. 4b, SPM 04, Act. 7)

**State Performance Measure 05: Increase use of Bright Futures materials and principles by health, social service, and education providers in Washington State.**

**Last year's accomplishments:**

DOH and the University of Washington (UW) Bright Futures staff administered three surveys on the use of Bright Futures in practice. Participants included school nurses, child care health consultants, and early learning providers who have been trained in Bright Futures, and those who have not. Survey results will be analyzed in order to assess the need for future training. (Fig. 4b, SPM 5, Act. 1)

The Bright Futures in Early Childhood Project completed training for the participants, intensified data collection, and prepared an evaluation and a tool kit to be used for future trainings. The project was extended to June 2006, which allowed data collection from Head Start, Early Head Start, and state preschool programs for one full session year. (Fig. 4b, SPM 5, Act. 2)

Bright Futures was presented as a basis for a consistent oral health message at the annual meeting of local health jurisdiction oral health coordinators. The state oral health program director is working to make Bright Futures known and to coordinate with other oral health groups who are using multiple curricula or programs. (Fig. 4b, SPM 5, Act. 5)

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Assess the need for future training based on Bright Futures survey results.				X
2. Complete the Bright Futures in Early Childhood Project by June 2006.			X	

3. Implement Bright Futures Mental Health trainings for foster parents.			X	
4. Discuss formation of school nurse training teams.				X
5. Collaborate with DOH Oral Health staff to develop a consistent oral health message using Bright Futures.			X	
6. Build and maintain Washington Bright Futures Web site.				X
7. Participate in Family Voices Bright Futures for Families Project.			X	
8. Present Bright Futures projects at state and national conferences.				X

### **Current activities:**

The Bright Futures in Early Childhood Project is coming to an end. A no-cost extension has been requested to continue work on the final product, which is a tool kit that will enable early childhood staff to use the tools and lessons learned. A final gathering of project participants is being planned to present and share the work and preliminary results of the evaluation. (Fig. 4b, SPM 5, Act. 2)

A project funded by the Maternal and Child Health Bureau, Bright Futures for Children and Youth in Foster Care, began in September 2005. The project will convert Bright Futures in Practice: Mental Health into a health promotion curriculum for foster parents. The curriculum has been developed by the UW Bright Futures team and will be evaluated by the OMCH's Assessment section. Ten trainings are scheduled throughout the state with an estimated attendance of 300 foster parents. Included in the training will be mental health professional panels for foster parents to obtain resources and information in their communities about mental health. School nurses who attended the Bright Futures Mental Health training have volunteered to be a part of those panels. (Fig. 4b, SPM 5, Act. 3)

School nurses, who were trained on Bright Futures Mental Health materials a year ago, expressed interest in continuing to use what they learned by forming "training teams" of expert school nurses to reach those who are more isolated or not able to participate in large-scale trainings. The School Nurse Corps and DOH/UW Bright Futures staff are considering the feasibility of this idea. (Fig. 4b, SPM 5, Act. 4)

The Washington State Bright Futures Web site has been developed and is being continually reviewed and modified. (Fig. 4b, SPM 5, Act. 6)

### **Plans for the coming year:**

Washington State's Bright Futures work, and especially the Early Childhood Project, will be presented at local and national conferences in the coming year; three abstracts have already been accepted. A plan for distribution of the tool kit produced from the Early Childhood Project will be finalized and implemented. (Fig. 4b, SPM 5, Act. 8)

The Washington Bright Futures Web site will be expanded to include more training materials and to be a place where interested professionals can find out what others are doing and share ideas. (Fig. 4b, SPM 5, Act. 6)

## **State Performance Measure 06 – Dental decay experience in children 0-8 years.**

### **Last Year's Accomplishments**

In October 2004, screeners were trained to proctor the Smile Survey in preschools and elementary schools. The Smile Survey measures: decay experience, rampant decay, untreated decay, and disparities. Smile Survey data were collected and analyzed in 2005. (Fig 4b, SPM 6, Act. 1)

Oral Health program staff started to develop an OMCH Oral Health Strategic Plan, which aims to integrate oral health into the other OMCH Sections. (Fig 4b, SPM 6, Act. 5)

The Health Resources and Services Administration (HRSA) State Oral Health Collaborative Systems grant supported both of these activities.

Many LHJs extended oral health activities to clients being seen in other programs, such as WIC, where they provided simple dental screenings and/or varnishes to children, toothbrushes to all clients, and education about dental care for both children and adults. Access to dental care for Medicaid-covered clients was addressed in different ways: one LHJ participated in quarterly dental clinics for children and their parents; another developed and maintained a rotational referral system to dentists in their community; and a third worked to establish access to care at a community health center dental clinic for Head Start, ECEAP, and preschool children who did not have a dentist. The same LHJ also provided "Treasure Chests" to 26 elementary school nurses to teach good oral health habits to children in kindergarten through sixth grade.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Disseminate the results of the 2005 Smile Survey, which measured tooth decay indicators such as decay experience, rampant decay, untreated decay, and oral health disparities and other indicators.				X
2. Develop a state oral health surveillance system to monitor tooth decay indicators and preventive measures (water fluoridation and dental sealants).				X
3. Provide education on dental sealants and water fluoridation, the evidence-based preventive measures for tooth decay.				X
4. Promote use of Bright Futures Oral Health messages to promote oral health among families.				X
5. Implement and evaluate an Oral Health Strategic Plan that integrates oral health into all of the				X

OMCH sections (MIH, IPCP, CAH, CSHCN, Genetics, and Assessment)				
6. Fund local health agencies to assess local oral health needs and educate families and programs.		X	X	

### Current Activities:

The OMCH Oral Health program disseminated Smile Survey results to the public and stakeholders in March 2006 via a press release and the Internet. (Fig 4b, SPM 6, Act. 1)

A state oral health surveillance system is being developed to monitor tooth decay indicators and preventive measures (water fluoridation and dental sealants). (Fig 4b, SPM 6, Act. 2)

Education is being provided on dental sealants and water fluoridation, the evidence-based preventive measures for tooth decay. (Fig 4b, SPM 6, Act. 3)

The OMCH Oral Health program is promoting Bright Futures Oral Health Project to local health jurisdictions and MCH-related programs. (Fig 4b, SPM 6, Act. 4)

We are preparing to develop the implementation and evaluation components of the OMCH Oral Health Strategic Plan. (Fig. 4b, SPM 6, Act. 5)

OMCH is continuing to fund local health agencies to provide oral health education to families and programs. (Fig. 4b, SPM 6, Act. 6)

### Plan for the Coming Year:

The OMCH Oral Health program plans to implement the OMCH Oral Health Strategic Plan, continue to fund local health agencies, and continue to educate agencies and the public about the importance of using effective measures to prevent tooth decay. (Fig. 4b, SPM 6, Act. 3, 5, 6)

## **State Performance Measure 07: Increase statewide system capacity to promote health, safety and school readiness of children birth to kindergarten entry**

### Lat Year's Activities

This is a new performance measure, there were no related activities last year.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Make formal presentations regarding <i>Kids Matter</i> to OMCH sections and external early childhood (EC) stakeholders.				X
2. Complete Awareness and Utilization Survey of broad EC stakeholder group regarding ECCS grant ( <i>Kids Matter</i> ).				X
3. Use <i>Kids Matter</i> in various grant-writing opportunities across OMCH.				X

4. Continue coalition building efforts in order to implement the <i>Kids Matter</i> plan.				X
5. Integrate strategic planning activities across OMCH using Kids Matter framework.				X
6. Evaluate <i>Kids Matter</i> .				X
7. Integrate Bright Futures Guidelines across components of HCCW and Kids Matter.				X
8. Continue community mobilization work with partners to encourage use of Kids Matter framework at the local level.				X
9. Continue to support the statewide network of child care health consultants		X		

**Current Activities (10/1/05-9/30/06):**

The Early Childhood Comprehensive Systems (ECCS) Grant focuses on increasing systems capacity and integration of early childhood systems and services in Washington. (Fig. 4b, SPM 7, Act. 4, 5)

Two years of planning culminated in the outcome-based early childhood plan called Kids Matter: Improving Outcomes for Children in Washington State. Three statewide system building efforts combined to create this plan: ECCS (OMCH/DOH), the Build Initiative (a broad public-private partnership), and the Head Start-State Collaboration Office. Public and private partners across Washington State developed and support the use of this plan. (Fig.4b, SPM 7, Act. 4)

Kids Matter provides a framework and strategies that can be used to: 1) Improve early childhood outcomes; 2) Increase public will about early learning and school readiness; and 3) Build and sustain the public-private partnerships in order to facilitate changes in policies, programs and practices to achieve desired outcomes. Examples include: grant-writing opportunities focused at building public-private partnerships related to Medical Home, Bright Futures, Healthy Child Care Washington (HCCW), and early childhood systems capacity. (Fig. 4b, SPM 7, Act. 3, 4)

This year, Kids Matter focused on awareness and use of the plan. Activities included presentations across OMCH and to stakeholders. (Fig. 4b, SPM 7, Act. 1, 5)

An Awareness and Utilization Survey was completed to establish a baseline of awareness and use of the Kids Matter plan. Individuals associated with groups or organizations that have been introduced to the Kids Matter framework were surveyed. The response rate was 54.7 percent (273 respondents). ECCS staff plan to repeat this survey annually as an ongoing evaluation of Kids Matter implementation. The survey identified integration of the Kids Matter framework in many ways across OMCH, including grant writing, strategic planning, logic model development, early learning benchmarks, CHILD Profile posters, and transition of HCCW into broader early childhood systems. (Fig. 4b, SPM 7, Act. 2, 3, 6)

Integration of Bright Futures Guidelines is a key strategy addressing both the health and early care and education components of Kids Matter. This was supported by federal funding to mobilize local early childhood programs to use Bright Futures materials. (Fig. 4b, SPM 7, Act. 7, 8)

OMCH continues to support a statewide network of child care health consultants who provide consultation to child care providers of infants and toddlers. This work is funded through a contract with the Division of Child Care and Early Learning in the DSHS. The contract provides funds to local health jurisdictions, as well as supporting state level consultation and training, a Web-based data collection system, and an ongoing evaluation component. (Fig. 4b, SPM 7, Act. 9)

**Plan for the Coming Year (10/1/06-9/30/07):**

Kids Matter will continue to be used as a resource with multiple audiences at a state and local level. Building connections to foster state level systems linkages with local communities will be key. Kids Matter provides a useful framework, supports collaboration, and connects the pieces of a currently fragmented system. It will promote improved outcomes for young children and their families because it identifies desired outcomes for young children and strategies to achieve them. (Fig. 4b, SPM 7, Act. 5, 8)

Kids Matter will support collaboration and integration at both state and local levels, engaging multiple public and private partners. This is addressed in the ECCS grant as 'Building Connections.' (Fig. 4b, SPM 7, Act. 4)

Key messages in Kids Matter presentations and partnerships include: keeping children and families as the focus; assuring that state agencies and organizations work with each other; facilitating cross-system collaboration such as between health and education; guiding state policies and actions to support local communities; and encouraging public-private collaboration. (Fig. 4b, SPM 7, Act. 1, 4)

OMCH will continue to use the Kids Matter framework to identify ways to inform and guide the Early Learning Council and activities of the new Department of Early Learning and the private-public partnership, known as Thrive by Five. (Fig. 4b, SPM 7, Act. 4, 8)

Kids Matter will continue transition activities for Healthy Child Care Washington, identifying new opportunities for linkages with other early childhood partners, recognizing the importance of health, safety and school readiness birth to kindergarten entry. (Fig. 4b, SPM 7, Act. 4, 8)

OMCH Kids Matter staff will work with OMCH Assessment staff to explore the development of early childhood indicators. As Kids Matter represents a "system of systems," the identification and availability of data and the scope of data available both within OMCH and across external partners, creates significant challenges. (Fig. 4b, SPM 7, Act.6)

OMCH will continue to support a statewide network of child care health consultants who provide consultation to child care providers of infants and toddlers. It is expected that this work will

continue to be funded through a contract with the Division of Child Care and Early Learning in DSHS, providing funds directly to local health jurisdictions as well as supporting state level consultation and training, a Web-based data collection system, and an ongoing evaluation component. (Fig. 4b, SPM 7, Act. 9)